

## WAM CHECKLIST FOR INVOICE REVIEW

Invoice No: B076 Performance Period 01/03/16 – 01/30/16 WA #: 357-TATA-A882

Contract No.: EP-W-05-049 Contractor: CDM Smith

Site Columbia Falls Aluminum WAM Name: Mike Cirian

\*Please provide written explanations when answers are "no" Y      N      NA

### VOUCHER OVERVIEW

- |                                                                                                                    |     |     |     |
|--------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| 1. Does the monthly invoice correspond to the monthly progress report?                                             | [ ] | [ ] | [ ] |
| 2. Are the billed costs authorized by the work assignment/workplan                                                 | [ ] | [ ] | [ ] |
| 3. Are the accumulated costs and LOE sufficiently below the approved workplan budget to accomplish remaining work? | [ ] | [ ] | [ ] |

### LABOR

- |                                                                               |     |     |     |
|-------------------------------------------------------------------------------|-----|-----|-----|
| 4. Is the labor mix (p-levels) appropriate for the work performed this month? | [ ] | [ ] | [ ] |
| 5. Are the labor hours commensurate with work completed this month?           | [ ] | [ ] | [ ] |

### OTHER DIRECT COSTS

- |                                                                                        |     |     |     |
|----------------------------------------------------------------------------------------|-----|-----|-----|
| 6. Do travel expenses appear reasonable and within the approved budget? NA             | [ ] | [ ] | [ ] |
| 7. Do supply and material costs appear appropriate for the tasks completed this month? | [ ] | [ ] | [ ] |
| 8. Are all ODCs reasonable for the work performed?                                     | [ ] | [ ] | [ ] |

### SUBCONTRACTS

- |                                                                     |     |     |     |
|---------------------------------------------------------------------|-----|-----|-----|
| 9. Was consent for subcontractor charges received in advance?       | [ ] | [ ] | [ ] |
| 10. Are the subcontractor costs consistent with the work performed? | [ ] | [ ] | [ ] |

**Critical Performance Categories** (Rate the following categories using the rating system of 1-5)  
0 = Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5 = Outstanding

Quality of Product and Services	_____
Cost Control (includes Resource Utilization)	_____
Timeliness of Performance	_____
Overall Project Planning and Support (includes Business Relations	_____
Technical Competence and Innovation	_____

Has the contractor notified the WAM of possible cost overruns or contract issues requiring immediate attention?    YES \_\_\_\_\_    NO \_\_\_\_\_    N/A \_\_\_\_\_

If yes/no please explain:

Is overall performance for the period satisfactory or unsatisfactory?    YES \_\_\_\_\_    NO \_\_\_\_\_

If no please explain:

- [ ] No exceptions are made to the invoiced amount of \$ \_\_\_\_\_ for the work assignment and period of performance referenced above.
- [ ] Exception is made to the invoiced amount. Exceptions are listed below, or attached if more room is needed.

Reason for Exception/Additional Comments:

WAM Signature: \_\_\_\_\_ DATE: \_\_\_\_\_